

Office Use Only

Tracking No. _____

Date Application Received: _____

Reviewed by: _____

Date Application Deemed Complete: _____

Date of Pre-Application Meeting: _____



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

Division of Comprehensive & Coastal Zone Planning

St. Croix
340-773-1082

St. Thomas/St. John
340-774-3320

Official Zoning Map Amendment Request Form

Zoning Amendment Request is for: ☐ Rezoning ☐ Use Variance

1. Applicant's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Note: Official correspondence will be mailed to the address above

2. Contact Person/Representative _____

Telephone _____ E-mail _____

3. Property Address _____

4. Tax Assessor's Parcel I.D. Number _____

5. Current Zone _____ Proposed Zone or Use Variance _____

6. Site Acreage _____

7. Property Owners Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

8. Detailed Description of what exists on the property. _____

9. Does what exists on the property conform to its current zoning district's requirements?

_____ Yes _____ No

10. Detailed Description of Proposal:

11. Is the property served by municipal sewer lines? Yes _____ No _____

If no, please explain plan for sewage disposal. _____

12. Is the property served by municipal water lines? Yes _____ No _____

If no, please explain plan for water supply. _____

13. Are there any flood ways on the site? Yes _____ No _____

14. Are there any cultural/historical resources on site? Yes _____ No _____

If yes, provide letter from Division of Archaeology and Historical Preservation and describe the resources. _____

(If uncertain, verify with the Division of Archaeology and Historical Preservation at 772-2021 or 776-8605).

Describe how the cultural/historical resource(s) will be incorporated into the development.

15. Are there any covenants and restrictions of record on the property? Yes _____ No _____

If yes, provide a copy of the restrictions.

Do they preclude undertaking of the uses that are proposed? Yes _____ No _____

Required Submittals

Three Copies of this application along with three copies of every item in the checklist below:

One (1) Copy for submittal to the Division of Comprehensive and Coastal Zone Planning

One (1) Copy for the applicant(s) records

One (1) Copy for submittal to the Legislature

Documents shall be submitted on letter sized paper (8.5" x 11")

Maps, Surveys, Plans and Renderings shall be submitted in a format no larger than 24" x 36".

Documents larger than 8.5" x 11" shall be folded.

- ☐ **Letter of Application**- Address letter to the Senate President; Indicate name of property owner(s) and authorized agent(s) with mailing addresses and contact numbers, legal physical address and acreage of parcel(s) to be rezoned, current and requested zone, and specific intent for zoning map amendment (*Submit a copy of this letter once the application has been deemed complete and ready for submittal to the Legislature*)
- ☐ **Official Recorded and Numbered PWD/OLG Map** (*Must be obtained from and certified by the Office of the Lieutenant Governor, Cadastral Division, St. Croix 773-6449; St. Thomas 774-9906*)
- ☐ **Adjacent Property Owners Certification**- List of complete names, mailing addresses and plot numbers of all adjacent property owners extending a minimum radius of one hundred and fifty (150) feet from the boundary line of the subject property. (*Obtained from the Office of the Lieutenant Governor, Tax Assessor Division, St. Croix 773-6459 or 772-3115; St. Thomas 776-8505; St. John 776-6737*).
- ☐ **Recorded Deed** (*Include copy of covenants and restrictions referenced in deed; obtained from the Office of the Lieutenant Governor, Recorder of Deeds, St. Croix 773-6449; St. Thomas 774-9906*)
- ☐ **Real Property Tax Clearance Letter** (*Obtained from the Department of Finance, St. Croix 773-1105; St. Thomas/ St. John 774-4750*)
- ☐ **Official Zoning Map** (*Full zoning map with SCZ/SJZ/STZ Map No. visible on left or right hand side*) (*obtained from the Office of the Lieutenant Governor, Cadastral Division*)
- ☐ **Flood Map** (*obtained from the Office of the Lieutenant Governor, Cadastral Division*)
- ☐ **Soil Type Map** (*obtained from the Office of the Lieutenant Governor, Cadastral Division*)
- ☐ **Contract of Sale and/or Lease Agreement** (*if applicable*)
- ☐ **Power of Attorney** (*Notarized Power of Attorney required if applicant/representative is not the property owner(s) of record or if property is owned by more than one person.*)
- ☐ **Articles of Incorporation** (*required if the property is owned by a Corporation*)
- ☐ **Photographs** (*Depicting intervals along the perimeter of the property, its existing on-site conditions, and surrounding neighborhood*)

☐ **Conceptual Site Plan and/or As-built drawing-** At a minimum scale of 1 inch = 40 feet and includes the following:

- _____ Conceptual layout of the property.
- _____ Existing/proposed building locations and footprint.
- _____ Location of uses and open spaces.
- _____ Location of watercourses (*guts*) and existing/type of vegetation on the site.
- _____ Location of existing/proposed street and driveways, accesses, and circulation patterns.
- _____ Current use and zoning of the site and adjacent property.
- _____ Landscape design and screening/buffering plan.
- _____ Proposed lot size/density and setback.
- _____ Proposed development timing.

Note: You will be notified by the Planning Office if the following items are required.

- ☐ Letter from the Division of Archaeology and Historic Preservation (*if applicable; Contact Nos. St. Croix 772-2021; St. Thomas 776-8605*)
- ☐ Letter from the Division of Fish and Wildlife (*if applicable; Contact Nos. St. Croix 773-1082; St. Thomas 775-6762*)

PLEASE NOTE: Submittal of the requested information is a prerequisite for a pre-application meeting and **does not** constitute the submittal of an application to the Legislature for a Zoning Map Amendment or Use Variance. **A determination that an application is complete IN NO WAY implies that additional information may not be required.**

I/We attest that the information submitted on this form is a true and accurate representation of my/our development plan(s) for the property.

Print _____

Sign _____

Date _____

Print _____

Sign _____

Date _____